UTILITY **PATENT APPLICATION** TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 245422US90

First Inventor or Application Identifier Mayu YAMADA, et al.

Title RESOURCE ALLOCATION CONTROL DEVICE, RESOURCE ALLOCATION CONTROL METHOD, AND MOBILE COMMUNICATION SYSTEM

1. Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. Specification Total Sheets 34 3. Drawing(s) (35 U.S.C. 113) Total Sheets 11 3. Drawing(s) (35 U.S.C. 113) Total Sheets 11 4. Oath or Declaration Total Pages 3. Newly executed (original) b. Copy from a prior application (37 C.F.R. \$1.63(d)) i. DeLETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. \$1.63(d)) for CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (in C-D-ROM or CD-R (2 copies); or ii. C-D-ROM or CD-R (2 copies); or		See	APPLICATION ELEMEN		ADDRI	ESS TO:	Patents pplication a 22313	1.S. PT(3164				
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		Ma	me: Masayasu Mori	A			Registration No.	47 301				
- Signature Date 11/1/03	Si	1/ . // . // . // . //		Thles		_	110/-					
Name: C. Irvin McCleiland Registration No.:				C. Irvin Ma			•	··/·(/~				

Registration Number 21, 124



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN ENTOR(S) Mayu YAMADA, et al.

New Application

SERIAL NO:

FILING DATE: Herewith

FOR:

RESOURCE ALLOCATION CONTROL DEVICE, RESOURCE ALLOCATION CONTROL METHOD,

AND MOBILE COMMUNICATION SYSTEM

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED				NUMBER EXTRA	RATE			CALCULATIONS	
TOTAL CLAIMS		-	20) =	0	x	\$18	=	\$0.00	
INDEPENDENT CLAIMS		-	3	=	0	х	\$86	=	\$0.00	
☐ MULTIPLE DEPENDENT CLAIMS (If applicable) + \$2							\$290	=	\$0.00	
☐ LATE FILING OF DECLARATION							\$130	=	\$0.00	
BASIC FEE									\$770.00	
TOTAL OF ABOVE CALCULATIONS									\$770.00	
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY									\$0.00	
FILING IN NON-ENGLISH LANGUAGE							\$130	=	\$0.00	
■ RECORDATION OF AS	RECORDATION OF ASSIGNMENT						\$40	=	\$40.00	
							TOT	AL	\$810.00	

	Please charge Deposit Account No. <u>15-0030</u> in the amount of A duplicate copy of this sheet is enclosed.							
	A check in the amount of to cover the filing fee is enclosed.							
	Credit card payment form is attached to cover the filing fee in the amount of \$810.00							
	The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.							
	Respectfully Submitted,							
	OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.							
Dat								
	Masayasu Mori							
٠	Registration No. 47,301							

Customer Number

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)

C. Irvin McCleiland Registration Number 21,124